

Washington, D.C. 20549 FORM D

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Expires: August 31, 1998
Estimated average burden
hours per response... 16.00

| SEC USE ONLY | | | | | | | | |
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| Prefix | | Serial | | | | | | |
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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| □ Section 4(6) □ ULOE | |
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| Section 4(6) 🗆 ULOE | |
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| change.) | |
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| elephone Number (Including Area 215) 574-1770 | Code) |
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| | lephone Number (Including Area 215) 574-1770 lephone Number (Including Area 2005 7 2005 Other (please specify): |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230-501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new siling must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be siled with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Notential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid CAMR control number.

SEC 1972 (2-97) 1 of 8

| Each promoter of the issuer, if the issuer has been organized with Each beneficial owner having the power to vote or dispose, or dir securities of the issuer; | | | or more of a class of equit |
|---|-------------------------|---------------------------------------|---------------------------------------|
| Each executive officer and director of corporate issuers and of corp | orate general and man | aging partners | of partnership issuers; and |
| Each general and managing partner of partnership issuers. | | | ņ |
| Check Box(es) that Apply: 口 Promoter 口 Beneficial Owner 反 | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Pederson, Einar | | | |
| Business or Residence Address (Number and Street, City, State, Zip C 1700 Market Street, Suite 2720 Philadelphia, PA | Code) 19103 | • | |
| Check Box(es) that Apply: Promoter Beneficial Owner Check Box(es) | Executive Officer [| Z Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | · · · · · · · · · · · · · · · · · · · |
| Bullard II, Roland K. | | · ´ | · |
| Business or Residence Address (Number and Street, City, State, Zip C | Code) | | |
| 1700 Market Street, Suite 2720 Philadelphia, PA | . 19103 | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ | Executive Officer [| 2 Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Chambers, Kathryn Riepe | | | |
| Business or Residence Address (Number and Street, City, State, Zip C 1700 Market Street, Suite 2720 Philadelphia, | | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ | Executive Officer | 2 Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Giles, David L. | • | | · |
| Business or Residence Address (Number and Street, City, State, Zip C 1700 Market Street, Suite 2720 Philadelphia, PA | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner | Executive Officer | Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | w 20 |
| Colgan, Dennis | | , i | 3 |
| Business or Residence Address (Number and Street, City, State, Zip of 1700 Market Street, Suite 2720 Philadelphia, E | • | | |
| Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ | Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | * | · · · · · · · · · · · · · · · · · · · | |
| Riverfront Development Corporation Business or Residence Address (Number and Street, City, State, Zip Corporation) | Code) | <u> </u> | |
| 701 North Broadway, Glouchester City, NJ 08030 | - , | | |
| | Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Dunn, David E. | | • | |
| Business or Residence Address (Number and Street, City, State, Zip | Code) | | |
| Palton Boggs LLP, 2550 M Street, NW, Washington, DC 20 | | | · · · · · · · · · · · · · · · · · · · |
| (Use blank sheet, or copy and use additional | d copies of this sheet, | as necessary.) | |

2. Enter the information requested for the following:

| l. Has t | he issuer so | old, or doe | es the issu | er intend | to sell, to 1 | non-accred | ited invest | ors in this | offering? | •••••• | ••••• | I to No |
|--|------------------------------|---------------------------------------|---|--|---|--|---|--------------|----------------|--|--------------|----------------|
| | • | . • | Ans | wer also is | n Appendi | x, Column | 2, if filing | under UI | OE. | | | |
| 2. What | is the min | imum inve | stment th | at will be | accepted fi | rom any in | ndividual? | | ******* | •••••• | ••••• | \$10,000 |
| 3. Does | the offerin | g permit i | oint owne | rship of a | single uni | .? | | | | | • | Yes No |
| Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person | | | | | | | | | | | | |
| sion o to be list th | r similar re listed is an | muneratio associated the broker | n for solici i person of or dealer. | itation of p ragent of . If more | purchasers: a broker o than five (: | in connecti r dealer re 5) persons | ion with sal gistered wi to be listed | es of securi | ities in the | offering. I with a state ons of such | a person | L |
| Full Name | (Last nam | e first, if i | individual) |) | | | | | | | | |
| N/A | | | | | | | | | | | | |
| Business or | Residence | Address | (Number a | and Street | , City, Stat | e, Zip Co | de) | | , | ÷ | ٠, | |
| | | . • | · | | | | | | | | • | |
| Name of A | ussociated 1 | Broker or | Dealer | | | , ' | · | | | | | <u> </u> |
| | | | | | | | | | | | | |
| States in W | Vhich Perso | n Listed | Has Solici | ted or Inte | ends to So | licit Purch | asers | , | | | | |
| (Check ' | 'All States | " or check | c individu: | al States) | | | | | | • • • • • • • • • | | All States |
| - | [AK] | • | | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | | [KY] | [LA] | [ME] | [MD] | [MA] | - | [MN] | [MS] | [MO] |
| [TM] | [NE] | | [NH] | [NJ] | [MM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [XX] | [UT] | [VT] | [AV] | [WA] | [WV] | [MI]. | [WY] | [PR] |
| Full Name | : (Last nam | e first, if | individual |) | | | | | | | | |
| N/A | | | · | | | | · | | | | | |
| Business o | r Residenc | e Address | (Number | and Street | t, City, Sta | ite, Zip Co | ode) · | | | | | |
| | | | | | | | | • | | | | |
| Name of | Associated | Broker or | Dealer | | | | · | | | | | |
| States in \ | Which Pers | on Listed | Has Solic | ited or In | tends to So | licit Purcl | nasers | · | | | | |
| (Check | "All State | s" or ched | k individu | ial States) | | | | <i></i> | | | | ☐ All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | (coi | [CT] | [DE] | [DC] | (FL) | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MM] | [MS] | [MO] |
| [MT] [RI] | [NE] | [NV] [SD] | [HH] [MT] | [UN] [XT] | [MM] [TU] | [YY] [TV] | [NC] [VA] | [ND] [WA] | (OH) (WV) | [OK] | [OR] [WY] | [PA] [PR] |
| Full Name | <u></u> | | | | (0.1 | | (| | (,,,, | | | |
| N/A | | | | -, | | | | | | | | |
| | or Residenc | e Address | Number | and Stree | t. City. St | ate. Zip C | (ode) | | | | | |
| | | | | | | , | • | | | | | • |
| Name of | Associated | Broker | r Dealer | | | | | | | | | |
| rame or | Associated | Broker o | Dealer | | | | | | | | | |
| States in | Which Per | son Listed | Has Soli | cited or Ir | ntends to S | olicit Purc | hasers | | | | | |
| (Check | "All State | s" or che | ck individ | ual States |) | | | | | | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | (CO) | (CT) | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] [MO] |
| [IL] [MT] | [IN] [NE] | [AI] [VV] | [KS] | [KY] | [LA] | (ME) | [MD] [NC] | [MA] [ND] | [MI] [OH] | [MN] [OK] | [MS] [OR] | • • |
| [RI] | (SC) | [SD] | [NH] [NT] | [נא] [XT] | [MM] [TU] | [YY] [TV] | [YA] | [AW] | [WV] | (WI) | [WY] | • |

| already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | •• | |
|--|--------------------------|-------------------------|
| Type of Security | Aggregate Offering Price | Amount Already Sold |
| Debt | \$ | . S |
| Fauity | | _ S |
| □ Common □ Preferred | , : | |
| Convertible Securities (including warrants) | - \$ 10,000 | s 10,000 |
| Partnership Interests | \$ | \$ |
| Other (Specify) | | |
| Total | | |
| \cdot . | | 3_20/000 |
| Answer also in Appendix, Column 3, if filing under ULOE. | • | |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | . |
| purchases on the total lines. Enter 0 if answer is none or 2210. | Number | Aggregate Dollar Amount |
| | Investors | of Purchases |
| Accredited Investors | | <u>\$ 10,000</u> |
| Non-accredited Investors | | _ \$ |
| Total (for filings under Rule 504 only) | | _ S |
| Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | Dollar Amoun |
| Type of offering | Type of Security | Sold |
| Rule 505 | | _ \$ |
| Regulation A | | _ \$ |
| Rule 504 | <u> </u> | _ \$ |
| Total | | _ \$ |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | : : | • |
| Transfer Agent's Fees | | s |
| Printing and Engraving Costs | | s |
| Legal Fees | | 3 5 1,000 |
| Accounting Fees | | s |
| Engineering Fees | | s |
| Sales Commissions (specify finders' fees separately) | | S |
| Other Expenses (identify) | |] \$ |
| Other Expenses (Rechtify) | | 1,000 |

| tion 1 and total expenses furnished in response to | Part C - Question 4.2. This difference is the |
|--|---|
| "adjusted gross proceeds to the issuer." | |
| 5. Indicate below the amount of the adjusted gross rused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate the adjusted gross proceeds to the issuer set forth | ant for any purpose is not known, furnish an te. The total of the payments listed must equal |
| | Payments to |
| | Officers, Directors, & Payments To Affiliates Others |
| Salaries and feet | · · · · · · · · · · · · · · · · · · · |
| Durchase of real actors | □ S □ S □ S □ S □ S □ S □ S □ S □ S □ S |
| Danahara annal a facility and institution of | machinery and equipment |
| • | • |
| Construction or leasing of plant buildings and | ! facilities □ \$ □ \$ |
| Acquisition of other businesses (including the offering that may be used in exchange for the | |
| issuer pursuant to a merger) | □ \$ □ \$ |
| | 🖸 S 🗀 S |
| Working capital | D \$ & \$9,000 |
| Other (specify): | |
| | |
| | 🖸 \$ D \$ |
| | ED \$ 0 \$9,000 |
| and the state of t | 13 \$ 9,000 |
| - Total rayments Listed (committees added) | |
| | D. FEDERAL SIGNATURE |
| following signature constitutes an undertaking by the quest of its staff, the information furnished by the is | y the undersigned duly authorized person. If this notice is filed under Rule 505, the issuer to furnish to the U.S. Securities and Exchange Commission, upon written ressuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. |
| Issuer (Print or Type) | Signature Date |
| FastShip, Inc. | taply Rigre Chin 2/17/05 |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) |
| Kathryn Riepe Chambers | Executive Vice President |
| | 3:1 |
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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | | | | • | | |
|---|-------------------|----------------------|------------|----------------------|-------------|----------|
| 1. Is any party described in 17 CFR 230.252(c), of such rule? | , (d), (e) or (f) | presently subject to | any of the | disqualification pro | visions Yes | No 23 |

PULL STATE SIGNATURE OF ALL PROVIDED OF

See Appendix, Column.5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) FastShip, Inc. | Signature Kethyr Repethole | Date 2/17/05 |
|---------------------------------------|-------------------------------|--------------|
| Name (Print or Type) | Title (Print or Type) | |
| Kathryn Riepe Chambers | Executive Vice President | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice of Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printer signatures.

| | Intend to non-a investors | to sell > ceredited in State | Type of security and aggregate offering price offered in state (Part C-Item!) | | amount pur | investor and rehased in State C-Item 2) | | (if yes, explana waiver | ification the ULOE attach ation of granted) -ltem1) |
|-------|---------------------------------|------------------------------|---|--------------------------------------|------------|---|--------------|-------------------------------|--|
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | , | | | | | | | | -10 |
| AK | | | | | | | | | |
| AZ | | | | | | | | | |
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|---------|----------|--|---|--------------------------------------|--|--|--------|--------------|---|
| | to non-a | to sell ceredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | | fication te ULOE attach tion of pranted) Ltem1) |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
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